

Collin County Department of Public Works  
700 A West Wilmett Road  
McKinney, Texas 75069  
Phone No. (972) 548-3719 FAX No. (972) 548-3754

Application for dust control oiling due to chronic respiratory condition

**RESIDENT**

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

County Road No. \_\_\_\_\_

**PATIENT**

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

***Application received during Calendar Year 2003 will be good for 3 years.  
A renewal application will be mailed to you at that time.***

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1) Approximate distance residence is from county road. \_\_\_\_\_ feet

2) Number of years lived at this residence. \_\_\_\_\_ years

3) What side of road is residence located?  
Circle one: North South East West

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To be completed by physician.

_____ Allergy which interferes with breathing or is life threatening	
_____ Interstitial	_____ Pulmonary TB
_____ Pulmonary Fibrosis	_____ Lung Abscess
_____ Hypoxemia	_____ Asthma
_____ Sarcoidosis	_____ Bronchiolitis
_____ Asbestosis	_____ Dyspnea
_____ Emphysema	_____ Cystic Fibrosis

Other chronic/life threatening respiratory  
conditions: \_\_\_\_\_

How long has patient had this condition: \_\_\_\_\_ Last episode: \_\_\_\_\_

Other  
comments: \_\_\_\_\_

Physician Name (Please print) \_\_\_\_\_

Physician signature/specialty \_\_\_\_\_

Date: \_\_\_\_\_ Phone No.: \_\_\_\_\_